

**CHAPTER 13 PLAN  
UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF MISSISSIPPI**

**CASE NO: 17-14050**

Median Income: ☐ Above ☒ Below

Debtor **Deborah Nabors** SS#XXX-XX-**7803** Current Monthly Income \$ **739.00**

Jt. Debtor \_\_\_\_\_ SS#XXX-XX-\_\_\_\_\_ Current Monthly Income \$ **840.00**

Address **123 Miley Loop, Columbus, MS 39702** No. of Dependents **0**

**THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed. The treatment of ALL secured and priority debts must be provided for in this plan.**

**PAYMENT AND LENGTH OF PLAN**

The plan period shall be for a period of **60** months, not to be less than 36 months for below median income debtor(s), or less than 60 months for above median income debtor(s).

- (A) Debtor shall pay \$ **323.00** per (☒ monthly, ☐ semi-monthly, ☐ week, or ☐ bi-weekly) to the Chapter 13 Trustee. Unless ordered by the Court otherwise, an Order directing payment shall be issued to Debtor or the Debtor's employer at the following address:

**Debtor Direct/Social Security**

- (B) Joint Debtor shall pay \$ \_\_\_\_\_ per (☐ monthly, ☐ semi-monthly, ☐ weekly, or ☐ bi-weekly) to the Chapter 13 Trustee. Unless ordered by the Court otherwise, an Order directing payment shall be issued to Debtor or the Debtor's employer at the following address:

**PRIORITY CREDITORS.** Filed claims that are not disallowed to be paid in full or as ordered by the Court as follows:  
Internal Revenue Service: \$ **6,017.00** @ \$ **100.28** /mo

MS Dept. of Revenue: \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ /mo Other/ \_\_\_\_\_ : \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ /mo

**DOMESTIC SUPPORT OBLIGATIONS. DUE TO:**

POST PETITION OBLIGATION: In the amount of \$ \_\_\_\_\_ per month beginning \_\_\_\_\_.  
To be paid ☐ direct, ☐ through payroll deduction, or ☐ through the plan.

PRE-PETITION ARREARAGE: In the amount of \$ \_\_\_\_\_ which shall be paid in the amount of \$ \_\_\_\_\_ per month.  
To be paid ☐ direct, ☐ through payroll deduction, or ☐ through the plan.

**HOME MORTGAGES.** All claims secured by real property which are to be paid through the plan shall be scheduled below. Absent an objection by a party of interest, the plan will be amended consistent with the proof of claim filed herein, subject to the state date for the continuing monthly mortgage payment proposed herein **INCLUDES: Insurance** ☐ **Taxes** ☐

MTG PMTS TO: \_\_\_\_\_ BEGINNING \_\_\_\_\_ @ \$ \_\_\_\_\_ ( ) PLAN ( ) DIRECT

MTG PMTS TO: \_\_\_\_\_ BEGINNING \_\_\_\_\_ @ \$ \_\_\_\_\_ ( ) PLAN ( ) DIRECT

MTG ARREARS TO: \_\_\_\_\_ THROUGH \_\_\_\_\_ \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ /MO

MTG ARREARS TO: \_\_\_\_\_ THROUGH \_\_\_\_\_ \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ /MO

Debtor's Initials *DN*

Joint Debtor's Initials \_\_\_\_\_

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**MORTGAGE CLAIMS TO BE PAID IN FULL OVER PLAN TERM:**

Creditor: \_\_\_\_\_ Approx. amt. due: \_\_\_\_\_ Int. Rate: \_\_\_\_\_

Property Address: \_\_\_\_\_ Are related taxes and/or insurance escrowed ☐ Yes ☐ No

Creditor: \_\_\_\_\_ Approx. amt. due: \_\_\_\_\_ Int. Rate: \_\_\_\_\_

Property Address: \_\_\_\_\_ Are related taxes and/or insurance escrowed ☐ Yes ☐ No

**NON-MORTGAGE SECURED CLAIMS.** Creditors that have filed claims that are not disallowed are to retain lien(s) pursuant to 11 U.S.C. § 1325(a)(5)(B)(i)(I) until the payment of the debt determined as under non-bankruptcy law or discharge. Such creditors shall be paid as secured claimants the sum set out below or pursuant to other order of the Court. The portion of the claim not paid as secured shall be treated as a general unsecured claim.

CREDITOR'S NAME	COLLATERAL	910* CLM	APPROX. AMT. OWED	VALUE	INT. RATE	TOTAL AMT. TO BE PAID	MONTHLY PAYMENT
Santander	2012 Ford Focus		\$13,772.08	\$6,570.00	5%	\$7,439.04	\$123.98
Spiller Furniture	Living Room Set & Leather Flowers		\$750.00	\$500.00	5%	\$566.14	\$9.44
					%		
					%		
					%		
					%		

\*The column for "910 CLM" applies to both motor vehicles and "any other thing of value" as used in the "hanging paragraph" of 11 U.S.C. § 1325

**SPECIAL CLAIMANTS** including, but not limited to, co-signed debts, abandonment of collateral, direct payments by Debtor, etc. For all abandoned collateral Debtor will pay \$0.00 on the secured portion of the debt. Where the proposal is for payment, creditor must file a proof of claim to receive proposed payment.

CREDITOR'S NAME	COLLATERAL OR TYPE OF DEBT	APPROX. AMT. OWED	PROPOSAL TO BE PAID
Lee Sykes Funeral Home	Lot located at 1316 12 <sup>th</sup> Ave. South, Columbus, MS 39701	\$2,000.00	SURRENDER IN FULL
City of Columbus	Statutory lien on property located at 1316 12 <sup>th</sup> Ave. South, Columbus, MS 39701	\$3,500.00	SURRENDER IN FULL

**STUDENT LOANS** which are not subject to discharge pursuant to 11 U.S.C. §§ 523(a)(8) and 1328(c) are as follows (such debts shall not be included in the general unsecured total):

CREDITOR'S NAME	APPROX. AMT. OWED	CONTRACTUAL MO. PMT.	PROPOSED TREATMENT

**SPECIAL PROVISIONS** which may apply to any or all payments to be paid through the plan, including, but not limited to, adequate protection payments:  
The Individual plan payments to creditors shall constitute adequate protection payments to Creditors pursuant to this Court's standing order.

Debtor's Initials: len

Joint Debtor's Initials: \_\_\_\_\_

**GENERAL UNSECURED CLAIMS** total approximately \$ 20,672.19. Such claims must be **timely filed** and not disallowed to receive payment as follows: \_\_\_\_\_ IN FULL (100%), 0 % (percent) MINIMUM, or a total distribution of \$ 0.00, with the Trustee to determine the percentage distribution. ***Those general unsecured claims not timely filed shall be paid nothing, absent order of the Court.***

**\*\*Debtors will pay 0 to all unsecured creditors whose claims are unenforceable because they are barred by statute of limitations.**

Total Attorney Fees Charged \$ 3,400.00

Pay administrative costs and debtor's attorney fees pursuant to Court Order and/or local rules.

Attorney Fees Previously Paid \$ 10.00

Attorney fees to be paid through the plan \$ 3,390.00

Name/Address/Phone # of Vehicle Insurance Co./Agent

Attorney for Debtor (Name/Address/Phone #/Email)

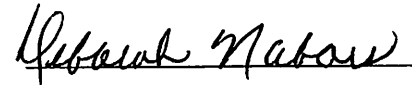
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**R. GAWYN MITCHELL**  
**P.O. BOX 1216**  
**COLUMBUS, MS 39703**  
**Telephone 662-327-3344**

Telephone/Fax \_\_\_\_\_

DATE: 11/01/17

DEBTOR'S SIGNATURE



JOINT DEBTOR'S SIGNATURE \_\_\_\_\_

ATTORNEY SIGNATURE

/s/ R. Gawyn Mitchell